

Iowa Safety and Health Consultation Request for On-Site Visit

Company Name				
Site Address - Street		City	State	Zip
Mailing Address - Street		City	State	Zip
Contact Person		Title		
Telephone Number	Email		Fax Number	
How did you learn of our service?				
What type of visit are you requesting? (Please check appropriate box)				
<input type="checkbox"/> Health Visit <input type="checkbox"/> Safety Visit <input type="checkbox"/> Both Safety and Health				
Number of employees at site		Number of total employees controlled nationwide		
North American Industry Classification System (NAICS) Code, if unknown, type of business.		Have you had an OSHA Compliance visit in the last 12 months?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>I understand that consultation services are made available to me at no cost through Federal and State funds. I further understand that, following the on-site survey, I will receive a written report and that the Consultant will preserve in confidentiality all information obtained as a result of the survey. There will be no penalties or fines assessed. The results and recommendations in this report are based on the conditions that were present during our survey and on the best information available to the consultant at the time of the survey, and do not replace any other needed or required safety or health monitoring for your facility. The advice and written report of the Consultant will not be binding on an OSHA Compliance Officer in the event of an inspection, nor shall the failure of the Consultant to identify a specific hazard affect the regular conduct of an OSHA Compliance Officer.</p> <p>I agree to correct all serious hazards, which are identified by the Consultant, and to allow the Consultant to confer with individual employees, as necessary during the course of the visit, in order to identify and judge the nature and extent of particular hazards. If there is a recognized employee representative, I agree to allow that representative the opportunity to participate in the opening and closing conference and to accompany the consultant and the employer's representative during the physical inspection of the workplace. In the event that serious hazards are identified in the written report, I agree to post, unedited, the List of Hazards at a prominent location where it is readily observable by all employees for three working days or until the hazard has been corrected, whichever is later.</p> <p>If difficulties are encountered in correcting serious hazards within the established time frame, an extension may be granted. These extensions must be requested in writing on or before the correction due date along with an explanation of the interim protection taken to prevent injuries or illnesses. A form for that purpose is included in the written report.</p> <p>Signature _____ Title _____</p> <p>Date _____</p>				